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P REISSUE PATENT APPLICATION TRANSMITTAL											
Address to	Attorney Dock	ret No.	A042 P00992-US1								
Address to:	First Named I	nventor	SWAN, Richard								
Mail Stop Reissue	Original Pater	nt Number	6,4 <b>9</b> 9,245								
Commissioner for Patents P.O. Box 1450	Original Pater (Month/Day/Y		December 31, 2002								
Alexandria, VA 22313-1450	Express Mail		EV413392156 US								
APPLICATION FOR REISSUE OF:											
(Check applicable box) Utility Patent Design Patent Plant Patent											
APPLICATION ELEMENTS (37 CFR 1.173)			NYING APPLICATION PARTS								
Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)	)	10. Statement of status and support for all changes to the claims. See 37 CFR 1.173(c).									
2. Applicant claims small entity status. See 37 CFR 1.27.		11. Original Patent Grant									
3. Specification and Claims in double column copy of pate (amended, if appropriate)	ent format	Ribboned Original Patent Grant									
4. Drawing(s) (proposed amendments, if appropriate)		Statement of Loss (PTO/SB/55)  12. Foreign Priority Claim (35 U.S.C. 119)									
5. Reissue Oath/Declaration (original or copy) (37 CFR 1.175) (PTO/SB/51 or 52)		12. Foreign Priority Claim (35 U.S.C. 119) (if applicable)									
6. Power of Attorney	13. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations										
7. Original U.S. Patent currently assigned? Yes (If Yes, check applicable box(es))	English Translation of Reissue Oath/Declaration 14. (if applicable)										
Written Consent of all Assignees (PTO/SB/53)		15. Preliminary Amendment									
37 CFR 3.73(b) Statement (PTO/SB/96)		Return Receipt Postcard (MPEP 503) 16. (Should be specifically itemized)									
8. CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table 17. Other:											
Nucleotide and/or Amino Acid Sequence Submission     (if applicable, all of the following are necessary)											
a. Computer Readable Form (CFR)											
b. Specification Sequence Listing on:  i											
c. Statements verifying identity of above copies											
18. CORRESPONDENCE ADDRESS											
Customer Number 003017											
Customer Number: 003017  Name		OR	Correspondence address below								
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	·										
Name (Print/Type) Mark F. Tetreault	Regi	stration No. (Atto									
Signature WALS		Da	ate 3/29/04								

This collection of information is required by 37 CFR 1.173. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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o REISSUE APPLICATION FEE TRANSMITTAL FORM									n uniess	Docket Number (Optional) A042 P00992-US1				
Claims as Filed – Part 1														
0		(1) Claims in Patent	F	(2) (3)		(3) Number Extra	Small		Small	Entity Fee		Other than a Sm Rate		Fee
Total Claims (37 CFR 1.16(j)) Independent claim: (37 CFR 1.16(i))	s (A) 10 (B) 27 ****		4	= x\$ <u>9.00</u> = x\$ <u>43.00</u> =		63.00 172.00		ог	x\$= x\$=					
						Basic Fee (37 CFR 1.16(h))				\$ <u>385.00</u>				\$
					==	Total Filing Fee			\$ <u>620</u>	.00		OR	\$	
					Cla	ims as Amen	ded	– Part 2						
(1) Claims Rem After Amend				11: 1	(2)		_(3)		Small Entity			Other than a	Small Entity	
					Highest Number Previously Paid For		Extra Claims Present		Rate	Fee			Rate	Fee
Total Claims (37 CFR 1.16(j))	***			MINUS	**		* :	: 	×\$_	=			x \$ =	=
Independent Claims (37 CFR 1.16(i))	***	·		MINUS	****		=	×\$_		=			x \$=	=
Tota						otal Add	ditional Fee \$				OR	\$		
* If the entry in (D)  ** If the "Highest N  *** After any cance  **** If "A" is greater	umb ellation	er of Total on of claim n 20, use (	Claims s. (B – A); i	Previously F	Paid Fo	r" is less than use (B 20).								,
***** "Highest Num  Applicant clain						d For or Nur	nber	of Inde	oenden	t Claims	s in Pate	ent (C	<i>i</i> ).	
Applicant claims small entity status. See 37 CFR 1.27.  Please charge Deposit Account Number 02-0900 in the amount of \$620.00  A duplicate copy of this sheet is enclosed.														
The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account Number 02-0900  A duplicate copy of this sheet is enclosed.														
A check in the amount of \$ to cover the filing/additional fee is enclosed.														
Payment by credit card. Form PTO-2038 is attached.														
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314104					MMC E. 1 2-2									
Date							Signature of Applicant, Attorney or Agent of Record							
Registration I	48,2 Num		licable	_				-	Mark E. Tetreault Typed or printed name					
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